



Paul A. Pettit, MSL, CPH
Public Health Director

**GENESEE COUNTY
HEALTH DEPARTMENT**
3837 West Main Street Rd.
Batavia, NY 14020
(585) 344-2580 x5555

**ORLEANS COUNTY
HEALTH DEPARTMENT**
14016 State Route 31, Suite 101
Albion, NY 14411
(585) 589-3278

PREOPERATIONAL CHECKLIST FOR MOBILE FOOD SERVICE ESTABLISHMENTS

Name of Establishment: _____

Owner/Operator Name: _____ Phone: _____ Email: _____

The following section is to be completed for all proposed mobile food establishments & foodcarts

MOBILE FOOD SERVICE ESTABLISHMENT TYPE	<input type="checkbox"/> Vehicle <input type="checkbox"/> Moveable Stand <input type="checkbox"/> Pushcart* <input type="checkbox"/> Other: _____ <small>*Limited Prep</small>
FOOD PREPARATION/ PROCESSING LOCATION	<input type="checkbox"/> Commissary <input type="checkbox"/> Food Service Establishment (Restaurant) <input type="checkbox"/> On Unit
FOOD SERVED	<input type="checkbox"/> Menu Provided <input type="checkbox"/> Food From Approved Source(s) Food Requires Temperature Control for Safety: <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, Type: <input type="checkbox"/> Refrigerated Storage <input type="checkbox"/> Hot Storage
COMMISSARY	Commissary Exempted: <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, Explain: _____ Commissary Name: _____ Commissary Address: _____ Phone: _____ <input type="checkbox"/> Copy of Food Service Establishment permit provided (required if Commissary is located outside of Genesee or Orleans County) Commissary Operations: Food: <input type="checkbox"/> Manufactured <input type="checkbox"/> Stored <input type="checkbox"/> Prepared <input type="checkbox"/> Portioned <input type="checkbox"/> Packaged Unit: <input type="checkbox"/> Serviced <input type="checkbox"/> Cleaned <input type="checkbox"/> Supplied <input type="checkbox"/> Maintained *If mobile unit is a vehicle (Food Truck, Food Trailer, etc.) provide storage address/location: _____ Equipment, Utensils, Facilities: <input type="checkbox"/> Serviced <input type="checkbox"/> Cleaned <input type="checkbox"/> Sanitized
REFRIGERATED STORAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, Type: <input type="checkbox"/> Refrigerators <input type="checkbox"/> Insulated Facilities* (Coolers) <small>*Drain Plug on Cooler(s)</small> *Must be adequate to maintain temperature $\leq 45^{\circ}\text{F}$ <input type="checkbox"/> Indicating Thermometer in All Refrigeration Units <input type="checkbox"/> Power Source (Explain): _____



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HOT STORAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, Explain Type: _____ *Must be adequate to maintain temperature at $\geq 140^{\circ}\text{F}$ <input type="checkbox"/> Power Source (Explain): _____
WATER SUPPLY	<input type="checkbox"/> Approved Source (Public Water Supply Name): _____ <input type="checkbox"/> Water Storage Tank <input type="checkbox"/> Minimum 40 Gallon Capacity <input type="checkbox"/> Other Gallon Capacity (Explain): _____ <input type="checkbox"/> Adequate Tank, Fill Piping, Distribution Piping (gravity drained, protected from contamination, food grade hose)
WASTE WATER	<input type="checkbox"/> Sewage and Liquid Waste Holding Tank <input type="checkbox"/> Capacity is 15% Greater than Water Supply Tank Capacity <input type="checkbox"/> Acceptable Wastewater Disposal (Location): _____ <input type="checkbox"/> Other (Explain): _____
HANDWASHING	<input type="checkbox"/> Adequate Handwashing Facilities (Explain): _____ <input type="checkbox"/> Running Hot and Cold or Tempered Potable Water <input type="checkbox"/> Handwash Soap, Paper Towels, Handwashing Signs
TRANSPORTATION	<input type="checkbox"/> Food, Utensils, Equipment, Tableware Protected From Contamination <input type="checkbox"/> Maintenance of Hot or Cold Temperature Requirements When in Transport Explain: _____
REQUIRED FOOD TRAINING	<p style="text-align: center;">****ORLEANS COUNTY ONLY****</p> <input type="checkbox"/> Low (Food Handler) <input type="checkbox"/> Medium/High (Food Manager)
MISCELLANEOUS	<input type="checkbox"/> 0-220 Degrees F Thermometer <input type="checkbox"/> Floor Plan <input type="checkbox"/> NYS Allergen Notice <input type="checkbox"/> Choking Poster

Office Use Only:

Permit Application Receive Date: _____

Environmental Health Specialist: _____ Review Date: _____

Risk Level: **Low** **Medium** **High**

Comments:

Revised 4.14.25